

PABST PATENT GROUP



APR 18 2005

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TELEFAX**Date:** April 18, 2005**Total pages:** 44 including cover**To:** USPTO**Telephone:****Telefax:** 703-872-9306**From:** Patrea L. Pabst**Telephone:** 404-879-2151**Telefax:** (404) 879-2160**Our Docket No.** PHAG 100
Your Docket No.**Client/Matter No.** 078230/00011

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Patentees: Peter J. Houzego, Peter N. Morgan, Peter H. Hirst,
Duncan J. Westland and Ian R. Wilding

Patent No.: 6,632,216

Control No.: 90/007,338

Art Unit: 3763

Reexamination Filed: December 8, 2004 **Examiner:** K. Sirmons

For: *AN INGESTIBLE DEVICE*

Attachments: Transmittal Form PTO/SB/21; Fee Transmittal Form PTO/SB/17;
Response to Request for Re-examination with Certificate of Services

* Received: 3 pages. CH

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number Patent: 6,632,216

Filing Date Issued: October 14, 2003

First Named Inventor Peter J. Houzago

Art Unit 3763

Examiner Name K. Simmons

Attorney Docket Number PHAG 100

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
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Change of Correspondence Address
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<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Response to Request for Re-examination with Certificate of Service |
|---|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Pabst Patent Group LLP

Signature

Printed name Patrea L. Pabst

Date April 18, 2005

Reg. No. 31,284

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Signature

Typed or printed name Ronna Berman

Date April 18, 2005

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**0.00****Complete if Known**

Application Number	Patent: 6,632,216
Filing Date	Issued: October 14, 2003
First Named Inventor	Peter J. Houzega
Examiner Name	M. A. Mendez
Art Unit	3763
Attorney Docket No.	PHAG 100

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____		_____		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

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